

Page 1 of 8

Effective Date: 07/16/2014

BPV Case ID \_\_\_\_\_\_ Affix BPV Case ID Barcode Label

Tissue Bank ID: \_\_\_\_\_\_ Date Form Was Completed: \_\_\_\_/\_\_\_\_ (MM/DD/YYYY)

Ovarian Slide Pathology Review		
1. Slide ID examined by pathologist:		
2. Parent specimen ID of the sample from which this slide was derived:		
3. Organ of origin:	Select one: O Ovary O Peritoneum O Fallopian tube O Indeterminate O Other (specify) Specify other organ of origin:	If Other was selected, record other organ of origin:

NIH NATIONAL CANCER INSTIT	UTE
BBRB Biorepositories and Biospecimen Research	Branch

PR-0009-F2	VER. 03.02	Effective Date: 07/16/2014	Page 2 of 8
------------	------------	----------------------------	-------------

BPV Case ID:	Tissue Bank ID:
Form Completed By:	Date Completed// MM/DD/YYYY

Form Completed By:	MM/DD/YYYY
4. Histologic type:	Select one:
Specify histologic type details where applicable:	O Brenner Tumor, malignant type (WHO code: 9000/3) O Carcinosarcoma (Malignant mullerian mixed tumor) (WHO code: 8950/3) O Clear cell borderline tumor (WHO code: 8310/1) O Clear cell carcinoma (WHO code: 8310/3) Endometrioid borderline tumor (WHO code: 8380/1) O Endometrioid carcinoma (WHO code: 8380/3) O Granulosa cell tumor (WHO code 8620/1) O Malignant germ cell tumor (WHO code: 9064/3) Specify types and %: O Mixed epithelial borderline tumor (WHO code: 8323/1) Specify types and %: O Mixed epithelial carcinoma (WHO code: 8323/3) Specify types and %: O Mucinous borderline tumor, endocervical (seromuninous) type (WHO code: 8472/1) O Mucinous borderline tumor, intestinal type (WHO code: 3472/1) O Mucinous carcinoma (WHO code: 8480/3) O Mucinous cystadenocarcinoma (WHO code: 8470/3) O Serous borderline tumor (WHO code: 8441/1) O Serous carcinoma (WHO code: 8441/3) O Serous cystadenocarcinoma (WHO code: 8441/3) O Squamous cell carcinoma O Transitional cell borderline carcinoma (WHO code: 8120/1) O Transitional cell borderline carcinoma (WHO code: 8020/3) O Other sex cord-stromal tumor (WHO code: 8590/1) Specify types and %: O Other Specify other histologic type or histologic type details:

NIH NATIONAL CAN	NCER INSTITUTE
BBRB Biorepositories and Bio	specimen Research Branch
PR-0009-F2	VER. 03.02

surface area of entire slide composed of necrotic tissue:

### Biospecimen Pre-Analytical Variables (BPV) Ovary Local Pathology Review Form

Page 3 of 8

**Effective Date: 07/16/2014** 

BPV Case ID:	Tissue Bank ID:	
Form Completed By:	Date Completed / /	
5. Greatest tumor dimension on slide:	(mm)	
6. Percent of cross-sectional surface area of entire slide composed of tumor focus (includes necrotic tumor):	%	
7. Percent of tumor nuclei by cell count of the entire slide (number of tumor epithelial cell nuclei as compared to all cell nuclei):	%	
8. Percent of cross-sectional		

Note: BPV case acceptance criteria require necrosis percentage of <20% of the entire slide AND tumor content of ≥50% tumor nuclei.



PR-0009-F2	VER. 03.02	Effective Date: 07/16/2014	Page 4 of 8
1 IX-0003-1 Z	V LIV. 03.02	Litective Date: 07/10/2014	i age + oi o

BPV Case ID:	Tissue Bank ID:
Form Completed By:	Date Completed / /
Torm completed by:	MM/DD/YYYY

9. Histologic profile	Percent viable tumor by surface area (not including stroma)	%
quantitative assessment:	Percent necrotic tumor by surface area	%
	Percent tumor stroma by surface area	%
	Percent non-cellular component by surface area (i.e., mucin, hemorrhage, blood clot, etc.)	%
	If present, describe non-cellular component:	
	Histologic profile total % (should equal 100%):	%

NIH NATIONAL CA	ANCER INSTITUTE
BBRB Biorepositories and	Biospecimen Research Branch

PR-0009-F2 VER. 03.02 Effective Date: 07/16/2014 Page 5 of 8

BPV Case ID:	Tissue Bank ID:
Form Completed By:	Date Completed// MM/DD/YYYY

### 10. What histologic grading system was applied?

#### **Select One:**

O WHO grading system

Record WHO histologic grade:

O G1: Well differentiated

O G2: Moderately differentiated

O G3: Poorly differentiated O G4: Undifferentiated O GX: Cannot be assessed

OR

O Two-tier grading system

**Record two-tier histologic grade:** 

O Low grade

O High grade



7th edition):

### Biospecimen Pre-Analytical Variables (BPV) Ovary Local Pathology Review Form

PR-0009-F2 VER.	03.02 Effective Date: 07/16	/2014 Page 6 of 8
-----------------	-----------------------------	-------------------

BPV Case ID: Form Completed By:		Tissue Bank ID:  Date Completed / /	
Tumor Staging per AJCC 7th Editio	<b>n</b>		
44 v.T. Bathalasia avvas d	Calant One		
11. pT: Pathologic spread	Select One:		
primary tumor (AJCC 7th	O pTX		
edition):	O pT0		
	O pT1		
	O pT1a		
	O pT1b		
	O pT1c		
	O pT2		
	O pT2a		
	O pT2b		
	O pT2c		
	O pT3		
	O pT3a		
	O pT3b		
	O pT3c		
12. pN: Pathologic spread lymph	Select One:		
nodes (AJCC 7th edition):	O pNX		
	O pN0		
	O pN1		
13 M. Distant motastases (AICC	Salact One:		

0 cM00 cM10 pM1

NIH NATIONAL CANCER INSTITUTE			
BBRB Biorepositories and Bio	specimen Research Branch		
DD 0000 F3	VED 03.03		

**BPV Case ID:** 

## Biospecimen Pre-Analytical Variables (BPV) Ovary Local Pathology Review Form

PR-0009-F2 VER. 03.02 Effective Date: 07/16/2014 Page 7 of 8

Tissue Bank ID:

Form Completed By:		Date Completed	_// MM/DD/YYYY
14. Pathologic tumor stage grouping (FIGO):	Select One: O Stage 1 O Stage 1A O Stage 1B O Stage 1C O Stage 2 O Stage 2A O Stage 2B O Stage 2B O Stage 2C O Stage 3 O Stage 3A O Stage 3B O Stage 3C O Stage 4		
15. Did pathology review of the hematoxylin and eosin slide derived from quality control formalin-fixed paraffinembedded tumor tissue confirm the histological type to be eligible for BPV study?	O Stage unknown  Select One: O Yes O No		
16. This slide meets the microscopic analysis criteria of the BPV project of necrosis percentage of <20% AND tumor content of ≥50% tumor nuclei:	Select One: O Yes O No If No is selected, specriteria of the BPV p	-	ot meet the microscopic analysis
17. Pathology review comments:			

NIH NATIONAL CANCER INSTITUTE
BBRB Biorepositories and Biospecimen Research Branch

performed by:

# Biospecimen Pre-Analytical Variables (BPV) Ovary Local Pathology Review Form

PR-0009-F2	VER. 03.02	Effective Date: 07/16/2014	Page 8 of 8
PR-0009-F2	VER. 03.02	Effective Date: 07/16/2014	Page 8 of

BPV Case ID:		Tissue Bank ID:
Form Completed By:		Date Completed / / MM/DD/YYYY
Concordance With Diagnostic Pat	hology Report	
18. This slide is consistent with	Select One:	
the findings of the diagnostic	O Yes	
pathology report for this case:	O No	
	If No is selected, specify what findings are not consistent with the diagnostic	
	pathology report:	
19. Name of local biospecimen		
source site reviewing		
pathologist:		
20. Date of slide review by the		
pathologist:		
21. Data entry in the local		
pathology review form was		